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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/981,639	10/17/2001	Michael J.P. Lawman	MOR-100D2	8705
23557	7590	06/20/2005	EXAMINER	
SALIWANCHIK LLOYD & SALIWANCHIK A PROFESSIONAL ASSOCIATION PO BOX 142950 GAINESVILLE, FL 32614-2950			SAUNDERS, DAVID A	
			ART UNIT	PAPER NUMBER
			1644	

DATE MAILED: 06/20/2005

Please find below and/or attached an Office communication concerning this application or proceeding.



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Dear Sir/Madam:


We regret to inform you that your refund request dated 06/8/05 for the amount of \$ 600.00 in application number 09/981,639 cannot be granted for the reason specified below.

- ☒ Refund of overpayment: There was no overpayment made by applicant. All fees were calculated and assessed properly. The fees were not charged to deposit account with the filing of the 4/28/04 amendment although authorization was given.

Any request for reconsideration or review of this decision must be by way of a petition filed within two months of this decision, which decision must set forth with particularity why a refund is due (*see* 37 CFR 1.181(b) and (f)).

If there are any further questions, please contact me at 571 272-0520

Sincerely,


Deborah Dotson, HSLIE TC 1600